

Entered 11-20-03 - sb
CL 03L0928 GWENDOLYN BURNS

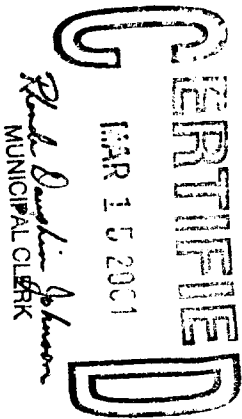
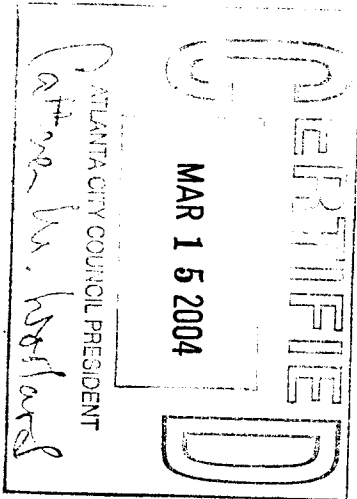
04-*R*-0409

CLAIM OF: TIGUIDA HAULING

1140 South River Industrial Blvd.
Atlanta, Georgia 30315

For vehicular damage allegedly sustained from driving into an open storm sewer catch basin that was left open and in an unsafe manner on August 25, 2003 at 14th Street, NW & Northside Drive, NW.

THIS ADVERSED REPORT IS
APPROVED



BY:


JERRY L. DELOACH
DEPUTY CITY ATTORNEY

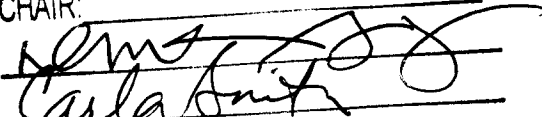
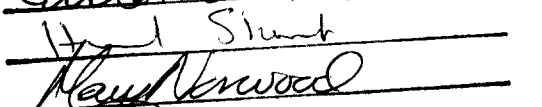
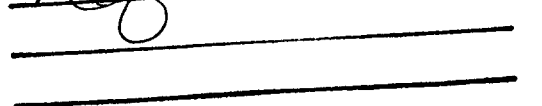
ADVERSE REPORT

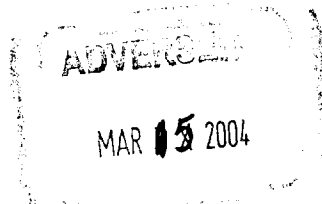
PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 3/9/04

CHAIR:


Carla Smith

Hazel Smith

Raymond Wood



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0928

Date: February 23, 2004

Claimant /Victim TIGUIDA HAULING
BY: (Atty) (Ins. Co.) _____
Address: 1140 South River Industrial Boulevard, Atlanta, Georgia 30315
Subrogation: _____ Claim for Property damage \$ 8,471.12 Bodily Injury \$ _____
Date of Notice: 11/13/03 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 8/25/03 Place: 14th Street, NE & West Peachtree Street, NE
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that he sustained vehicular damages when he drove into a storm sewer catch basin that was left open and in an unsafe condition. However, an investigation determined that the catch basin is owned, operated and was repaired by the State of Georgia, DOT. The claimant has been so advised and his claim has been forwarded to the State of Georgia for resolution.

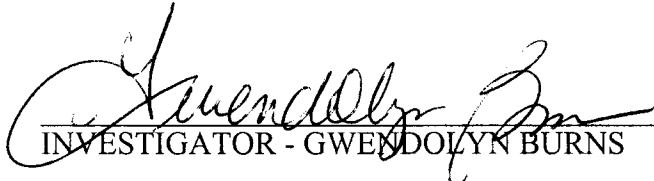
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

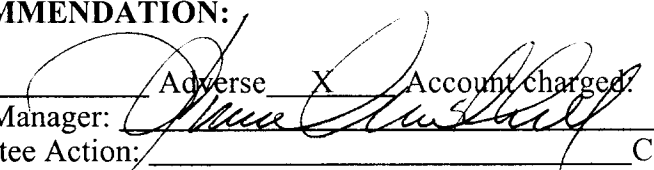
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____


Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2P01 _____ 2H01 _____
Claims Manager:  Concur/date 02/26/04
Committee Action: _____ Council Action _____

FORM 23-61


3/22/04

RECEIVED NOV 13 2003

BURNS
11/18/03

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, SW
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 09/20/03

ENTERED - 11-20-03 - SB
03L0928 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 8,471.¹² property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: AUG 25, 2003 (month/day/year) 2. Time of Incident: 1.35pm 3. Police called: ☒ Yes ☐ No
4. Location of incident (including street address): 14th St. DOWNTOWN/ATL IN FRONT OF WATER DEPT. FACILITY
5. Name of your insurance company: Progressive Policy No. 02069935-0
6. State what and how incident occurred: There was pot hole in the street that was opened without no hazard signs or cones. The driver was coming from Northside ^{DR.} St. Making a left turn on 14th St when the front passenger side fell into the pot hole damaging the track

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the vehicle registration).

Your vehicle: (BLUE) MACK 97 JEFFREY CONEY
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: GARY 1140 S. River End Blvd ATLGA. (678) 878-8720
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. Claims must be received within 6 months of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Donna Boyce
Signature of Claimant

T. Guida Hauling
(Print Claimant's Name)
1140 South River End Blvd
(Address)
ATL GA 30315
(City, State and Zip Code)
678 778 2922
(Work Number) (Home Number)

04-R-0409



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

March 26, 2004

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

Tiguida Hauling
1140 South River Industrial Blvd.
Atlanta, GA 30315

04-R-0409

Dear Ms. Hauling:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on March 15, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: **Claims Division/Law Department**